CALIFORNIA ARCHITECTS BOARD LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

400 R Street, Suite 4000 Sacramento, CA 95814

Phone: (916) 445-4954 Fax: (916) 324-2333 E-mail:latc@dca.ca.gov Web:www.latc.dca.ca.gov



APPLICATION FOR RE-EXAMINATION

TYPE OR PRINT CLEARLY IN INK					
NAME:					
(LAST / FIRST / MIDDLE)					
KNOWN BY ANY OTHER NAME:					
(INCLUDE MA	IDEN NAM	ME)			
ADDRESS:					
(NUMBER AN	ND STREE	Γ)			
CITY:STAT	TE:ZIP CODE:			CODE:	
WORK PHONE: ()	HOME PHONE: ()				
BIRTHDATE (MONTH / DAY / YEAR)://	_ SEX: □ MALE□ FEMALE				
SOCIAL SECURITY #: (See disclosure statement on Page 2)					
SECTIONS AVAILABLE	Fee	Check if Applying	Fee Included	FOR OFFICE USE ONLY	
Application Evaluation Fee (required). This fee is non-refundable pursuant to Business and Professions Code Section 158.	\$ 35.00	Required	\$ 35.00	Receipt #	
Section A – Legal & Administrative Aspects of Practice June Only	\$ 70.00				
Section B – Analytical Aspects of Practice June Only	\$110.00				
Section C - Planning and Site Design	\$210.00			Date Rec	
Section D – Structural Considerations & Materials & Methods of Construction June Only	\$170.00				
Section E - Grading, Drainage and Storm Water Management	\$210.00			Amt. Rec	
California Section (Take home exam after passing all sections)	\$ 35.00				
Amount Enclosed with Application:			\$		
Please check the box of the location you would like to take the examination. Northern California					
Southern California					
Check box if requesting reasonable accommodations pursuant t	o the Amer	icans with Di	sabilities Ac	t.	
Since you originally applied for the landscape architects exami		G 110 1		1101 10	

Since you originally applied for the landscape architects examination in California reciprocity qualifications. If you meet the reciprocity qualifications, you may not use this applications and must complete the Applications for Reciprocity Examination form.

Have you ever had a landscape architects license denied, suspended, or revoked in any state or country? ☐ YES ☐	NO
If yes, please explain below.	
Convictions dismissed under Section 1203.4 of the Penal Code must be shown. However, you may omit :	
◆ Any traffic infraction for which the fine imposed was \$300 or less.	
◆ Any offense which was adjudicated in a juvenile court or under a youth offender law.	5 04
 Any incident that has been sealed or disposed of under Welfare and Institutions Code Section Penal Code Sections 1000.5 or 1203.45 	781 or
ALL OTHER CONVICTIONS MUST BE DISCLOSED	
Indicate the date and place of the arrest, name of the court, court case number, code section violated, a brief explanation offense, and the sentence imposed. If convicted under another name, please indicate other name.	n of the
*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-USCA 405(c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350 Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which unational examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may \$100 penalty against you.	y for tax 0.6 of the utilizes a per, your
I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.	
Signature: Date:	
The information requested on this application is required under Sections 5630, 5650, 5651, and 5652 of the Business and Professions Code. All mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsified maintenance.	

INSTRUCTIONS FOR COMPLETING APPLICATION:

The following must accompany this application for re-examination:

- 1. Application and re-examination fees.
- 2. If applicable, special accommodation requests and all required documentation.

Note:

- ◆ The application <u>must be</u> postmarked no later than the **Final Filing Date.** Applications received after the final filing date will not be accepted.
- This application is for candidates who have previously qualified for the landscape architects examination in California and are not currently licensed as a landscape architect in another state or country. If you are licensed as a landscape architect in another state or country and meet the California reciprocity qualifications, you must use the Application for Reciprocity Examination form. (The qualifications for reciprocity can be obtained at the address above, or reviewed at www.latc.dca.ca.gov.)
- ♦ Please select the sections you wish to take and submit the corresponding fees. (New fees went into effect 7/01/02). Must include Application Evaluation Fee.
- ♦ Money orders, cashier's check or personal checks must be made payable to the Landscape Architects Technical Committee.
 Credit cards are not accepted.